



**North Dakota Department of Health
Division of EMS and Trauma
EMT Psychomotor Exam Results**



Candidate's Name		Date
ND EMS Registration Number	Course Number	
NREMT Application ID Number		

Initial

Retest

Patient Assessment- Trauma	PASS	FAIL	PASS	FAIL
Patient Assessment- Medical	PASS	FAIL	PASS	FAIL
Cardiac Arrest Management/AED	PASS	FAIL	PASS	FAIL
Spinal Immobilization- Supine	PASS	FAIL	PASS	FAIL
Bag-Valve-Mask Apneic Patient	PASS	FAIL	PASS	FAIL
Oxygen Administration by NRB	PASS	FAIL	PASS	FAIL
Random Skill				
<input type="checkbox"/> Long Bone Injury	PASS	FAIL	PASS	FAIL
<input type="checkbox"/> Joint Injury	PASS	FAIL	PASS	FAIL
<input type="checkbox"/> Bleeding Control/Shock	PASS	FAIL	PASS	FAIL
<input type="checkbox"/> Spinal Immobilization-Seated	PASS	FAIL	PASS	FAIL

Test Representative

RETEST TIME: _____